

**SOUTHWEST REGION 2 REGIONAL CONFERENCE REGISTRATION FORM**  
**PERSONAL CONTACT INFORMATION**

Complete the registration form and return to Division of Christian Education, P.O. Box 70990 Nashville, TN 37207-0990. Make checks and money orders payable to the Division of Christian Education. All registration confirmations will be emailed to the email address provided on the registration form unless notified otherwise. You may register online at www.sspbnbc.com. NOTE: A \$25 service charge will be applied to checks returned for insufficient funds. Conference registration is \$75.

\_\_\_\_\_  
 FIRST NAME                                  MIDDLE INITIAL                                  LASTNAME

\_\_\_\_\_  
 ADDRESS                                  CITY                                  STATE                                  ZIP

\_\_\_\_\_  
 HOME PHONE NUMBER    OTHER [CELL] PHONE NUMBER

\_\_\_\_\_  
 E-MAIL ADDRESS [PLEASE USE THE E-MAIL ADDRESS WHERE CONFIRMATIONS ARE TO BE SENT]

\_\_\_\_\_  
 CHURCH/MINISTRY CONTACT

\_\_\_\_\_  
 PASTOR'S FIRST NAME    LASTNAME

\_\_\_\_\_  
 PASTOR'S E-MAIL ADDRESS    PASTOR'S PHONE NUMBER

\_\_\_\_\_  
 CHURCH/MINISTRY NAME

\_\_\_\_\_  
 ADDRESS                                  CITY                                  STATE                                  ZIP

\_\_\_\_\_  
 CHURCH/MINISTRY E-MAIL ADDRESS    CHURCH/MINISTRY PHONE NUMBER    DEAN OF RECORD'S NAME

**PAYMENT INFORMATION**

\_\_\_ CHECK OR MONEY ORDER                  CREDIT CARD: \_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ AMEX

\_\_\_\_\_  
 NAME ON CARD

\_\_\_\_\_  
 CARD NUMBER    EXP. DATE                                  SIGNATURE

\_\_\_\_\_  
 CREDIT CARD BILLING ADDRESS

\_\_\_\_\_  
 SELECTED CLASS